

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

2030

No. 300

10-48

FILED MAY 8 1953

BIRTH NO.

REG. DIST. NO. 393

PRIMARY REG. DIST. NO. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City North		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, North	
c. LENGTH OF STAY (in this place) 10 Yrs.		d. STREET ADDRESS (If rural, give location) 5325 N. Wheeling	
3. FULL NAME OF HOSPITAL OR INSTITUTION 5247 N. Wheeling		4. DATE OF DEATH (Month) (Day) (Year) April 13 1953	
3. NAME OF DECEASED (Type or Print) William	a. (First) Franklin	b. (Middle) Dame Jr.	c. (Last) Dame Jr.
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 24, 1943
9. AGE (In years last birthday) 10	10. IF UNDER 1 YEAR Months 10	11. IF UNDER 1 YEAR Days 10	12. IF UNDER 1 YEAR Hours 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME William F. Dame Sr.	13b. MOTHER'S MAIDEN NAME Opal Wilson	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME William F. Dame Sr.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck + hanging ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Free out of tree, fractured neck, rope around neck caught on tree limb, partial hanging DUE TO (c) Free out of tree, fractured neck, rope around neck caught on tree limb, partial hanging II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. C93100	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 500	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Tree	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City North, Clay, Mo.	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-13-53 m.
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Accidental hanging	22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE O. S. Pate MD	23b. ADDRESS North Kansas City, Mo.	23c. DATE SIGNED 4/15/53	
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE 4-16-53	24c. NAME OF CEMETERY OR CREMATORY White Chapel M.C.	24d. LOCATION (City, town, or county) (State) CLAY Co. MO.
DATE REC'D BY LOCAL REG. 4-16-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's North Kansas City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3020 1/2

E. 7th

142 4912

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Glenn H. Hill

Licensed Embalmer No. 4586

P. O. Address 7th E. 16th Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.